



June 30, 2006

Mr. J.D. Hickey, M.D.
Deputy Commissioner
Bureau of TennCare
Department of Finance and Administration
729 Church Street
Nashville, Tennessee 37247-6501

Dear Dr. Hickey:

I am pleased to inform you that your request to amend your Medicaid Home and Community Based Waiver for Individuals with Mental Retardation and Developmental Disabilities, as authorized under the provisions of Section 1915 (c) of the Social Security Act, has been approved. The amendment (control number 0357.90.01) is effective July 1, 2006.

Specifically, you requested to: (1) add an interagency agreement; (2) revise targeting eligibility criteria; (3) add transitional case management services; (4) update contact information; (5) revise wavier service definitions; (6) update provider qualifications; (7) revise the level of care form and (8) update cost and utilization estimates for years 2 through 5 of the waiver. The following estimates of unduplicated recipients, average per capita cost for waiver services and total waiver expenditures have been approved:

| | <u>Unduplicated Recipients</u> | <u>Factor D</u> | <u>Total Waiver Expenditures</u> |
|--|------------------------------------|-----------------|--------------------------------------|
| Year 2 (January 1, 2006 – December 30, 2006) | 232 | \$113,897 | \$26,424,159 |
| Year 3 (January 1, 2007 – December 30, 2007) | 282 | \$205,976 | \$58,085,306 |
| Year 4 (January 1, 2008 – December 30, 2008) | 332 | \$195,411 | \$64,876,473 |
| Year 5 (January 1, 2009 – December 30, 2009) | 382 | \$206,379 | \$78,836,786 |

The revised pages have been incorporated into the approved waiver. If there are any questions, please contact Ronald Reed at 404-562-7429.

Sincerely,

Renard L. Murray, D.M.
Associate Regional Administrator
Division of Medicaid and Children's Health